

## BARNSELY JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

### Chapter (Integrated Care Outcomes Framework Domain): LIFESTYLE AND WIDER DETERMINANTS (WIDER DETERMINANTS)

Theme:  
**GAMBLING**

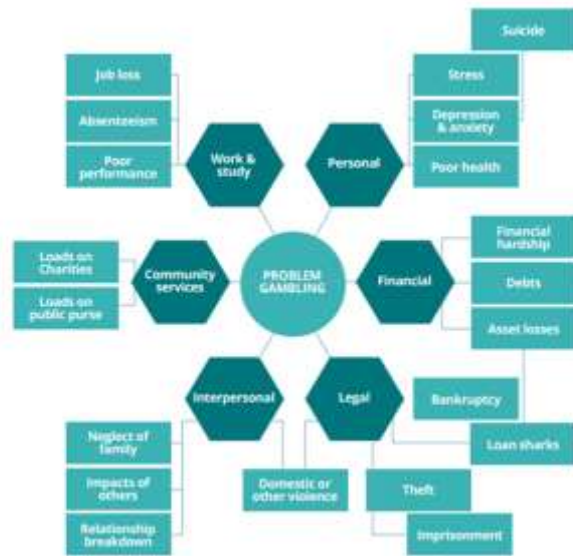
ICOF Indicator:  
N/A

#### Why is this important?

Gambling is increasingly recognised as a public health issue, contributing to ongoing health inequalities, the experience of physical and mental health problems (including suicidality) and poor wellbeing. Gambling-related harms are often not recognised and require greater attention. The legislative framework for gambling recognises it as a legitimate leisure activity that many people enjoy. It generates income, employment and tax revenue. Set against this, it also generates significant dis-benefits such as working days lost through disordered gambling, or the cost of treatment for ill-health caused by stress related to gambling debt. Less easily measured are potentially very significant impacts such as the negative effects of some gambling on family relationships, and the psychological and social development of children.

Gambling has been described as being, like alcohol, a legal activity on a continuum of harm. It has been suggested that there are a large number of people experiencing small amounts of harm from gambling, and a small number of people that experience high levels of harm. A report by Citizen's Advice states: *"The majority of people taking part in gambling do so responsibly and without risk. But for hundreds of thousands of people who are defined as problem gamblers, the impact can be devastating, including mental health problems, debt and relationship breakdown"*. Participation in gambling can range from social and recreational gambling to disordered, compulsive, pathological, or problem gambling. The continuum ranges from "non-problem" to "at risk" and "problem gambling" (The Cochrane Collaboration 2012, p6). It is estimated that gambling-related harm affects six to ten individuals close to the problem gambler.

Problem gambling or gambling-related harms can affect many different areas of an individual's life, but the impacts are also wider than the individual concerned, affecting social networks and society. This is illustrated in the diagram below:



### The Barnsley picture and how we compare

A report on Gambling Behaviour in England and Scotland describes the problem of quantifying problem gambling at a population level: “*there is no gold standard or commonly accepted way to measure problem gambling in population based surveys*” (Seabury and Wardle, 2014).

This report offers two different modelled estimates, a national Gambling Commission (2015) estimate applied to Barnsley (0.8% prevalence) and Leeds Beckett University’s (Kenyon et al. 2016) Northern cities estimate (1.8%):

	Barnsley population 2015 (16+)	Leeds Beckett rate	Gambling Commission (2015) rate	Barnsley population 2016 (16+)	Leeds Beckett rate	Gambling Commission (2015) rate	Barnsley population 2017 (16+)	Leeds Beckett rate	Gambling Commission (2015) rate
<b>Population</b>	195,805			197,239			198,242		
<b>Problem gambling</b>		1.80% 3,524	0.80% 1,566		1.80% 3,550	0.80% 1,578		1.80% 3,568	0.80% 1,586
<b>At Risk gambling (5% - 6%)</b>		5% 9,790			5% 9,862			5% 9,912	
		6% 11,748			6% 11,834			6% 11,895	
<b>Problem or At Risk gambling (7% - 8%)</b>		7% 13,706			7% 13,807			7% 13,877	
		8% 15,664			8% 15,779			8% 15,859	

Barnsley population 2015 (18+)	Leeds Beckett rate	Gambling Commission (2015) rate	Barnsley population 2016 (18+)	Leeds Beckett rate	Gambling Commission (2015) rate	Barnsley population 2017 (18+)	Leeds Beckett rate	Gambling Commission (2015) rate
190,213			191,990			193,156		
	1.80%	0.80%		1.80%	0.80%		1.80%	0.80%
	3,424	1,522		3,456	1,536		3,477	1,545
	5%			5%			5% - 6%	
	9,511			9,600			9,658	
	6%			6%				
	11,413			11,519			11,589	
	7%			7%			7% - 8%	
	13,315			13,439			13,521	
	8%			8%				
	15,217			15,359			15,452	

#### It should be noted that:

- Leeds is not a statistical neighbour of Barnsley, therefore direct comparisons to population estimates cannot be made;

The demographics (race, religions, deprivation, age etc.) of Leeds and the people interviewed will be different to those in Barnsley. Therefore, direct comparisons should not be made.

#### What are we currently doing, what assets / services do we have?

BMBC Public Health are embarking upon examining problem gambling in Barnsley and are in the process of establishing a task and finish group to verse this work.

The current treatment system for problem gambling for adults is commissioned through Gambleaware & Gamcare. There is no NHS or Local Authority funded specialist treatment for problem gambling in Barnsley.

Specialist support for gambling at Tier 1 (universal services) is provided through the GamCare Helpline/ net line including support, advice and signposting. The only locally provided specialist service is Krysallis in partnership with GamCare who provide (Tier 2 and Tier 3) talking treatments utilising an evidence based model of care of extended brief interventions and psychosocial sessions. Face to face, phone and online support is available and Krysallis also offer aftercare sessions.

#### Opportunities for improvement/future developments

BMBC Public Health will take appropriate steps to comply with the suggestions made within the 'Tackling Gambling Related Harm – A whole council approach' guidance report and address the issue of Harmful/ Problem Gambling under the Health and Wellbeing Board.

Harmful/ Problem Gambling will be included within the following council strategies:

- Suicide Prevention Action Plan
- Homeless Strategy
- Domestic Violence Strategy
- Statement of Licencing Policy (for gambling)<sup>1</sup>
- Anti-poverty action plan
- Alcohol Strategy

Problem gambling is often seen alongside other dependences and mental health difficulties, therefore it is likely that many problem gamblers are already receiving support from services in Barnsley. Sheffield

<sup>1</sup> Barnsley Public Health has recently worked with licencing colleagues to input in to the Statement of Licencing Policy for gambling.

Council has completed an audit of all front line services in the community, including primary care, and this is something the Council's Public Health service will replicate. The purpose of the audit will be to establish a baseline of how many organisations in Barnsley are equipped to **identify, treat or refer** problem gamblers. The results of the audit will be used to identify any action(s) needed to increase the capacity of local organisations to identify and help address problem gambling.

If it is identified from any service audits that there is a training need for front line staff (including primary care) in Barnsley, training can be provided free by Calderdale Citizens Advice Bureau, and is in line with recommendations from the 'Tackling Gambling Related Harm – A whole council approach' guidance report.

Due to the high prevalence of young people experiencing issues with problem gambling nationally the Council's Public Health service will aim to include questions about gambling in to the Health Education and Lifestyle survey 2019

Using good examples from regional colleagues, mainly Leeds and their 'Beat the Odds' campaign, the Council's Public Health service will develop and roll out a local campaign around gambling related harms.

**Link(s) to further resources / supporting documents**

<http://www.krysallis.org.uk/barnsley.html>

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